

# Consent to Use Written Statements, Photographs, or Videos

I understand the Missouri Office of Workforce Development (OWD) is undertaking initiatives to promote the Office and its programs. By signing this Consent, I hereby grant OWD permission as follows:

- ☐ I hereby give the Missouri Office of Workforce Development and its authorized agents, the right to use, reproduce and distribute, in whole or in part, my name, title, photo/video footage, or written statements that I may provide to the Office about OWD and its services.
- ☐ I hereby give the Missouri Office of Workforce Development and its authorized agents, the right to use corporate identifiers, such as our logo, corporate / business unit / program name that I may provide to the Office for the purpose of promoting our participation with OWD and its services.

In signing this Consent, I understand and acknowledge that:

- My name, title, photo/video footage, or written statements may be used for promotion that may include: publications, multimedia productions, OWD websites, displays, educational material, or advertisements for the Missouri Office of Workforce Development.
- Corporate identifiers such as logos, corporate / business unit / program names provided to the Division will be available for use in current marketing materials as well as future recruitment efforts developed in conjunction with the Division.
- I will not receive any compensation for the use of my name, title, photo/video, or written statements.
- To the extent necessary to allow OWD to use, reproduce, and distribute said materials, I waive any confidentiality rights or privileges that would otherwise prevent such use, reproduction, or distribution.
- I release and forever discharge the Office of Workforce Development, its agents, and employees for any and all claims and demands arising out of or in connection with said material.
- Said material shall be the sole property of the Office of Workforce Development or its assignees.
- I am over 18 years of age and otherwise legally competent to sign this Consent.
- I have read this Consent in its entirety and understood it prior to executing it.

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_



For additional information about Missouri Office of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at [jobs.mo.gov](http://jobs.mo.gov) or 1-888-728-JOBS (5627).

The Missouri Department of Higher Education and Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services at 711.

